## PUBLIC SERVICE COMMISSION OF WISCONSIN

This form must be filled out and returned to the registration table. Individuals who wish to testify will be called in the order in which the forms are returned.

## PLEASE PRINT CLEARLY

Docket Number and Title <b>05-CE-113</b>		Hearing Date	
Arrowhead-Weston Transmission Line Project			
Name Title			
Representing Self Employer Organization Name:	n 🗌		
Street, Rural Route Number or P.O. Box Number [Please provide your official United State Postal Service mailing address.]			
City	State	Zip Code	
Telephone Number Fax Number (optional)	Inte	ernet Address (optional)	
Appearing: [Please check one.]			
Undecided In Support In Opposition			
Do you wish to testify at this hearing?  IF YOU DO NOT CHECK A BOX OR CHECK "NO," YOU WILL NOT BE CALLED TO TESTIFY.			
Yes No			
If you do not wish to give oral testimony you may submit written testimony at the hearing. Written testimony is limited to five pages. Space has been provided at the bottom of this page and on the back of this form; additional pages may be attached. Attached pages should provide your name at the top of each page.  You should remain at the hearing until the parties have read your written testimony. If any party objects to your written testimony, or if any party has clarifying questions regarding your written testimony, you may be asked to provide oral testimony. If choose not to give that oral testimony your written testimony may be excluded from the record.			
You will be notified as soon as possible whether any party has clarifying questions regarding your written testimony.			
Written Testimony:			

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	Written Testimony - Continued:
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